

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

Dated: 09/24/2020

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BILAL KASSEM

FARBER & CO

333 HEGENBERGER RD #504

OAKLAND, CA 94621

IMR Case Number:	CM20-0115160	Date of Injury:	02/15/2019
Claim Number:	040519008736	UR Denial Date:	07/21/2020
Priority:	STANDARD	Application Received:	08/17/2020
Employee Name:	JONATHAN SHOCKLEY		
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in Dispute Listed on IMR Application:			
1. 12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL HANDS, WRISTS, AND FOREARMS			

DEAR BILAL KASSEM,

On 08/20/2020, your request for an Independent Medical Review ("IMR") of the above workers' compensation case was assigned to MAXIMUS Federal Services. As of the date of this letter, the IMR is now completed. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

MAXIMUS Federal Services

cc: Department of Industrial Relations, CHUBB & SON (WC) - LOS ANGELES, CA,
BABAK JAMASBI MD



DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:

Claims Administrator

Provider Name	Dates of Service From	Dates of Service To
Express Scripts	03/25/2020	05/20/2020
Pain & Rehabilitative Consultants Medical Group	01/10/2020	07/14/2020

Rep of Injured Worker

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	10/21/2019	07/10/2020

Provider

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	04/24/2020	09/04/2020
Remedy Medical Group	02/10/2020	

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer.

The expert reviewer:

- has no affiliation with the employer, employee, providers or the claims administrator;
- has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice;
- was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/service;
- is familiar with governing laws and regulations;
- applied the MTUS Medical Evidence Search Sequence and MTUS Methodology for Evaluating Medical Evidence where appropriate; and
- has the following credentials:
 - State(s) of Licensure: California
 - Certification(s)/Specialty: NA-Oriental Medicine

CLINICAL CASE SUMMARY

The following clinical case summary was developed based on a review of the case file, including all medical records:

This is a 41 year old male who sustained an industrial injury on 2/15/2019. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disorder with radiculopathy, other soft tissue disorders related to use, overuse and pressure of the



bilateral upper arms and right forearm and lesion of ulnar nerve of unspecified upper limb. Per the progress note dated 7/10/2020, the injured worker is not currently working. Prior diagnostic testing included MRI of the cervical spine. Previous treatment has included acupuncture (amount unclear), massage therapy and medication. Medications include Lidocaine cream, Advil and Voltaren gel. In a progress report dated 7/10/2020 (telemedicine), the injured worker reported pain in both hands and wrists radiating up to the elbows. The injured worker also complained of pain in the neck and right shoulder. The pain was described as burning and pulling. The injured worker reported numbness and tingling going into the right fourth and fifth digits. The pain was reduced from 4-5/10 to 2-3/10 for 2-3 days with acupuncture. The physical examination revealed the injured worker to be alert and oriented. The treatment plan included refill of Lidocaine 5% ointment and Voltaren 1% gel and 12 sessions of acupuncture for the bilateral hands, wrists, and forearms. The request for authorization dated 7/14/2020 was for 12 sessions of acupuncture for the bilateral hands, wrists, and forearms. The utilization review dated 7/21/2020 non-certified the request for acupuncture for the bilateral hands, wrists, and forearms for 12 sessions.

IMR DECISION SUMMARY

1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions Uphold UR decision

IMR DECISION(S) AND RATIONALE(S)

1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions is not medically necessary and appropriate.

UR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines.

IMR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines, Section(s): Chronic Persistent Pain and Chronic Pain Syndrome.

IMR Rationale:

This 41-year-old male sustained an injury to both upper extremities on 2/15/19. Prior treatment included massage, activity modifications, and topical-oral medication. Additionally, there is a history of prior acupuncture care performed (undocumented number of sessions were rendered on unspecified dates with reported temporary gains described as "pain was reduced from 4-5/10 to 2-3/10 for 2-3 days").

In a report dated 7/10/20 (telemedicine follow up to due to COVID 19) it was documented neck, right shoulder, wrists-hands pain, radiating up to the elbows, rated 4-5/10. A limited physical exam was performed: gait is narrow. The treatment plan included additional acupuncture x 12 for the both forearms-wrists-hands. Work status: modified duties recommended, not currently working.

The request for authorization dated 7/14/20 for further acupuncture x 12 was not certified by the utilization review dated 7/21/20.

Based on the MTUS-guidelines, the acupuncture frequency/duration recommendations note: An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures to justify an additional 6 sessions, for a total of 12 sessions.

The MTUS-guidelines note that additional treatments should only occur based on progressively greater, incremental objective gains. The same guidelines indicate that passive care (acupuncture) should be combined with active care (conditioning-aerobic-stretching exercise program). Indications for care discontinuation: resolution, intolerance, lack of measurable



improvements or non-compliance including non-compliance with aerobic and strengthening exercises.

Although it was reported prior acupuncture care as beneficial in reducing symptoms, it was not documented medication intake reduction, or activities of daily living and range of motion improvement. After an unknown number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture.

In addition, the request is for additional acupuncture x 12, a number that exceeds significantly the guidelines for continuation of care, without extraordinary circumstances documented to consider this case as an outlier to the MTUS-guidelines.

Additionally, there is no clear documentation indicating whether the patient is currently undergoing an independent exercise program (conditioning-aerobic-stretching exercise program based on patient's tolerance), which is required by the MTUS-guidelines.

Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the MTUS-guidelines recommendations, additional acupuncture x 12 is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.